Tools to Support the Osteopathic Recognition (ACGME) Milestones

Osteopathic Principles of Practice-based Learning and Improvement

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Osteopathic Principles of Practice-based Learning and Improvement

Level 1
Performs osteopathic-focused literature review

Acknowledges gaps in osteopathic knowledge and expertise

Describes evidence-based medicine principles and how they relate to osteopathic patient care

Level 2
Incorporates osteopathic literature into rounds, case presentations, or didactic sessions

Incorporates feedback to develop a learning plan to better apply the osteopathic five model concept to patient care

Performs self-evaluation of osteopathic practice patterns

Level 3
Prepares and presents osteopathic-focused scholarly activity or didactic session

Expands learning plan to incorporate specialty-relevant research to better apply the five model concept to patient care

Performs self-evaluation of osteopathic practice patterns and practice-based improvement activities

Osteopathic Principles of Practice-based Learning and Improvement (cont.)

Level 4

Prepares and presents osteopathic-focused scholarly activity at local, regional, or national meeting

Modifies learning plan based upon clinical experience utilizing the osteopathic five model concept

Performs self-evaluation of osteopathic practice patterns and practice-based improvement activities using systematic methodology

Level 5

Performs and publishes peer-reviewed research related to osteopathic principles

Independently pursues knowledge of new and emerging OMT techniques

Teaches OMT techniques at regional or national meetings

Live as if you were to die tomorrow.
Learn as if you were to live forever.

Mahatma Gandhi

Resources

- Individual learning plans
- Journal club as a practice-based osteopathic learning experience
- The Clinical Reasoning Program (Grandview Hospital)
- References and tools

Individualized Learning Plans (ILPs): Toward a model of more effective practice-based learning

Overview

- Why the movement to self-directed learning and ILPs
- Components of ILPs
- What we know and don’t know
- Facilitating ILPs

Why the movement to ILPs?

- Medical education is not a discontinuous process
- Undergraduate – graduate – CME/CPD*
- Continuum of growth and learning which needs to be steered BY the individual, for the individual

CPD: Continuous Professional Development

Why the movement to ILPs?

- Residency training now emphasizing competency-based education
- Life-long learning is seen as crucial (Practice-based Learning and Improvement – PBLI)
- OCC/MOC

Reflective practice: moving away from old notions of medical training and education

"Rather than assimilating a store of largely irrelevant information, doctors now need to develop learning skills which enable them to sift out and acquire information as and when the need arises."

Parsell G. Postgrad Med J, 1996

Why ILPs: The adult learner

- Adults learn best when they are actively engaged in the learning process and self-direct their own learning goals and activities

Knowles, M, Holten EF, Swanson RA. The Adult Learner, 2005

Adult learners: Principles

- Adults are motivated to learn as they experience needs and interests that learning will satisfy
- Adults' orientation to learning is life-centered; life (clinical) situations, not subjects
- Experience is the richest resource for adults' learning; therefore the *core methodology is analysis of experience*
- Adults have a need to be self-directing; therefore *the role of the trainer is to engage the learner*
- Individual differences increase over time; therefore there must be provision for differences in style, time, place, etc.

Learning contracts

"Without question the single most potent tool I have come across in my more than half-century of experience with adult education."

Knowles M, The Adult Learner, 1990.

ILP components in internal medicine (IM)

- Define goals
- Self-assessment
  - Personal attributes
  - Clinical competency
- Summarize learning needs
- Define learning objectives and strategies to accomplish them

ILPs: Adult learning skills

- ILPs can improve development of self-directed lifelong learning skills by actively engaging trainees to take ownership of their own learning
- Lifelong learning includes trainee/learner identification of learning needs and determination of how to meet those needs

Hojat M, et al. *Med Teach*, 2003.

IM ILPs: Goals

- Learning contract
- Self-assessment
- Exercise in self-reflection
- Formulated by the resident
- Guided by teacher – driven by learner needs
- Evidence of milestone (PBL) integration

Why ILPs?

- Getting a commitment in written form?
  - Compared to students without a written learning contract, radiology students with a contract were more likely to participate in CME and read instructional materials in the last 6 months

Renner JJ. *Radiol Tech,* 1993.

Pros and Cons

- Pros
  - Enhanced awareness of learning needs
  - Ownership of learning
  - Step towards lifelong learning
  - Ongoing feedback
- Cons
  - Time limitations
  - Coming up with goals can be difficult
  - A change….for trainees and faculty!
    - Faculty and trainees need for guidance and structure

Stewart M, et al. *Ambulatory Peds.* 2005

Pros

- Lends focus and stimulates more powerful learning
- Allows the trainee to re-evaluate their learning needs
- Allows preceptors to know what the trainee hopes to get out of the clinical experience
- Provides regular touchpoints

Cons

- “I often don’t know what to work on”
- “Never enough time”
- Recommendations for specific goals [from my preceptor] would be helpful”
- “I’m too tired and busy to focus on my goals”

ILP Components

- Reflection on long-term career goals
- Self-assessment of areas of strengths and weaknesses
- Development of plans/strategies to achieve goals
- Assessment of progress toward goals
- Revisiting goals based on progress/achievement
- *OR Milestone scoring is consistent with and can be used in this exercise*

Self-Assessment

- Multitude of psychosocial factors at play when one self-assesses
- Over/under-assessment are not predictable
- Poor to modest correlations with other subjective and objective measures

Pusic MV. *Acad Med*. 2015

Self-Assessment

- Value is in its ability to force the learner to reflect on strengths and weaknesses
- Helps the trainee recognize how these strengths and weaknesses may impact learning and clinical performance
- Provides a stimulus for directed and productive exchange with preceptors

Self-Assessment: I-SMART

- Important
- Specific
- Measurable
- Accountability
- Realistic
- Timeline

LI ST. Acad Med. 2010.

Facilitating ILPs

- Avoid being judgmental
- Use self-assessment to highlight abilities
- Use active listening skills
- Encourage I-SMART goals
- Encourage short-term and long-term goals
- Follow through with timing and follow-up
  Consider maintaining your own ILP

ILPs: Final thoughts

- Skill building in self-directed, reflexive learning should be an explicit goal of working with ILPs
- Offer detailed and user-friendly examples of entries
- Allocate dedicated time

The Journal Club as a Tool for Practice-Based Osteopathic Learning

Deriving a good scholarly question

- Use PICO
  - Patient problem or population
  - Intervention
  - Comparison
  - Outcome(s)
- How to access literature that will inform clinical practice?
  - Beyond JAOA
    - Intl J Osteo Med
  - Tie to the trainee's individualized learning plan
  - Tie to current clinical cases

How to integrate osteopathic principles into the Journal club?

- Options
  1. All articles must address OPP directly or indirectly
  2. Apply discussion to any article presented
     a. What are structural implications?
     b. How might you assess/treat this case differently as a DO
     c. What questions derived from your understanding of OPP might enhance the design of the study?
  3. One article at each session must be an osteopathically-grounded paper

OR milestones and ACGME application are not two separate animals

ACGME – scholarly activities

OR – Journal club

Do not reinvent the wheel – leverage efforts

Clinical Reasoning Program (CRP)

Grandview Hospital

Dayton, Ohio

Rationale

- Central component of IM core competency plan
- Encompasses all competency domains, while focusing on root behaviors
- Goal: Enhance resident understanding of quality and safety issues impacting practice of medicine

Implementation

- Teach and assess the seven AOA core competencies by utilizing existing resident activities that take place on a recurring basis
- Teaching in situ reduces need for additional part-time or volunteer faculty and creates future medical educators

Implementation

- “Root activities” closely related to the seven competencies provide learning opportunities
- Using the same approach for all activities, understanding and mastery of these activities creates a comprehensive learning process across the spectrum of clinical practice
- Evidence-based incorporated by addressing
  - Best practices
  - Clinical expertise
  - Patient interests

CRP: Physician "Root Activities" in Clinical Practice

- Successfully admitting a patient
- Providing daily patient care
- Effectively discharging a patient
- Communicating with patients and colleagues
- Asking and answering clinical questions
- Dealing with complications

Key References and Sample Tools

- Hull L, Arora S, et al. Facilitating the implementation of the American College of Surgeons/Association of Program Directors in Surgery phase 3 skills curriculum: training faculty in the assessment of team skills. *Am J Surg* 2015; 210: 933-941.
- Cruess RL, Cruess SR, Steinert Y. Amending Miller's Pyramid to include professional identity formation. *Acad Med* 2016 Feb; 21(2): 180-185.
- Billett S. Readiness and learning in health care education. *The Clinical Teacher* 2015; 12:1-6.
- Sargeant J, Lockyer J, et al. Facilitated reflective performance feedback: Developing an evidence- and theory-based model that builds relationship, explores reactions and content, and coaches for performance change (R2C2). *Acad Med* 2015; 90(12):1698-1706.
- Zanotti E, Berardinelli P, et al. Osteopathic manipulative treatment effectiveness in severe chronic obstructive pulmonary disease: a pilot study. *Complement Ther Med* 2012 Feb-Apr; 20(1-2): 16-22.
- Clinical Reasoning Program Tools, Grandview Hospital (Ohio), 2011.